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THE ASSESSMENT OF TRAUMA IN ADULTS

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In the last 15 years, clinical investigators have developed numerous reliable and valid measures of PTSD symptoms. Much less attention has been paid to developing psychometrically sound methods of assessing traumatic life events, which constitute the stressor criterion (Criterion A) for a diagnosis of PTSD. This may be due in part to an assumption that extreme stressors such as combat, rape, and disasters are of such overwhelming magnitude and unequivocally universal in impact that the assessment task consists of simply establishing that an individual has experienced such an event. It has become increasingly clear, however, that such an assumption is untenable. There is a growing recognition that traumatic stress is a complex, multifaceted construct and that its assessment entails considerable conceptual ambiguity and practical difficulty. Many investigators have called for a multidimensional approach to the assessment of traumatic life events, and new, more sophisticated instruments are beginning to emerge in response to this demand. In this article, we first outline the key issues to be considered in assessing traumatic life events, then briefly examine some of the existing instruments in light of these issues. Finally, we describe our current effort to develop a comprehensive protocol for assessing traumatic events across the lifespan. Due to space constraints, our discussion is limited to the assessment of trauma in adults.

Issues in the assessment of traumatic life events. Several investigators have recently characterized the available instruments for assessing Criterion A events as inadequate and have proposed guidelines for the development of new assessment strategies and more useful instruments. Although specific suggestions vary, several general themes can be discerned. These themes echo some of the central issues emerging from the vast literature on the assessment of stressful life events, and the effort to develop better measures of traumatic stressors could clearly benefit from the accumulated wisdom of more than fifty years of research on "ordinary" stressors (for a recent summary of research on the assessment of stressful life events, see Cohen et al., 1995, especially chapters 1-3).

These general themes can be divided into conceptual issues and instrumentation issues. Conceptual issues include: (a) the difficulty in arriving at a clear definition of trauma; (b) the assessment of multiple dimensions of trauma, including both objective aspects and subjective appraisals; (c) concerns about confounding objective and subjective dimensions; (d) the assessment of traumatic events across the lifespan; and (e) the assessment of a broad range of stressful events, including both high- and low-magnitude stressors. Instrumentation issues include: (a) the relative merits of questionnaires or checklists versus interviews, especially with respect to time and resources, the use of memory cueing techniques to facilitate recall, and the assessment of complex dimensions of events; (b) the need for a clinically sensitive format; (c) the need for direct and indirect opportunities to endorse traumatic events, including the use of both open-ended and behaviorally specific questions; (d) reliability, including interrater and test-retest reliability; (e) content validity, or the issue of whether items adequately assess key aspects of traumatic events; and (f) construct validity, including the relationship between trauma exposure and outcome variables such as PTSD symptoms as well as the often-neglected question of whether reported events can be corroborated by external sources.

A significant obstacle to the reliable and valid assessment of trauma is the almost exclusive reliance on respondents' retrospective report of their traumatic experiences. With regard to reliability, the most important question is whether respondents report the same events on different testing occasions. For example, Wyshak (1994) found good, but not perfect concordance in reports of such traumatic, and presumably memorable, experiences as rape and violent death of a close family member. When an interview format is used, an additional question is whether independent interviewers make similar judgments regarding various qualitative and quantitative aspect of reported stressful events. If respondents' reports vary across repeated administrations, a critical task for researchers is to account for this unreliability. Several factors may account for inconsistencies in reports of traumatic experiences. Some respondents report more traumatic events in the second interview than in the first. This may be due to a priming effect, resulting in increased recall, or to a greater comfort level with the interview process, resulting in increased disclosure. Interviewer characteristics such as gender also may affect disclosure. It is important to note that although respondents occasionally comment on and explain the change in their report, it often is impos-

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sible to distinguish between increased recall and increased disclosure – all that is evident is the increased level of reporting. Conversely, some respondents can report fewer events in the second interview. This may be due to simple forgetting, to an avoidance of painful emotions elicited in the first interview, or to impatience with the interview process and a desire to finish more quickly.

With regard to validity, a crucial question is whether reported memories of traumatic events accurately correspond to actual events. In order to establish the degree of correspondence between reported and actual events, researchers are typically forced to rely on indirect or unreliable sources of corroboration. Attempting to obtain adequate corroboration for reported traumatic events can be a painstaking and difficult task that all too often yields little satisfying evidence. For example, military records may only partially reflect an individual's combat experiences (Watson et al., 1989). It may be that costly and time-consuming longitudinal studies are the only way to adequately evaluate the correspondence between the actual events and their retrospective recall. For an in-depth discussion of these and other issues, see Sutker et al. (1991); Green (1993); Resnick et al. (in press); and King et al. (1995).

Although the field thus far has not developed the ideal instrument, a growing number of instruments incorporate solutions to at least some of the issues described above. In choosing an instrument, individual investigators should consider the population being assessed, the purpose of the assessment, and the time and personnel resources available. Below, we describe representative measures grouped according to type of trauma assessed and format. Instruments designed for assessing single or focused types of trauma are described first, followed by a few instruments designed to assess a wide range of traumatic events.

Warzone exposure. Warzone exposure is one of the most widely studied types of trauma. Most of the available measures were developed for male Vietnam veterans, although adaptations have been made for male veterans from other conflicts. Watson et al. (1989) recently reviewed the psychometric data for five such scales. Warzone measures range widely in length and scope. One of the most utilized and well-validated is the seven-item *Combat Exposure Scale* (Keane et al., 1989). At the other extreme is the more-than 100-item survey measure employed in the National Vietnam Veterans Readjustment Study (Kulka et al., 1990). Using this measure, King et al. (1995) identified multiple dimensions of warzone stress, including traditional combat, malevolent environment, atrocities, and perceived threat. To date, little attention has been given to assessing warzone exposure in women. Wolfe et al. (1993) recently developed the *Women's Wartime Stressor Scale* to identify unique aspects of warzone exposure for female Vietnam veterans.

Childhood trauma. Apart from combat, one of the most active areas of trauma assessment is the retrospective examination of childhood physical and sexual abuse in adults. Numerous questionnaires and interviews are available for both clinical and research purposes, although few have any psychometric validation. Some of the available measures assess a broad range of experiences, from traumas such as physical and sexual abuse to lower-magnitude stressors such as loss and familial neglect. Generally absent from these instruments is any assessment of exposure to community or street violence.

Instruments with some psychometric data include two questionnaires, the *Child Abuse and Trauma Scale* (Sanders & Becker-Lausen, 1995) and the *Childhood Trauma Questionnaire* (Bernstein et al., 1994). In both measures, a wide variety of questions and the use of continuous rating scales help quantify the extent of perceived stress. Many interviews also are available, several of which have some reliability and validity data. The *Familial Experiences Inventory* (Ogata et al., 1990) provides comprehensive coverage of intrafamilial trauma and yields data on the frequency, severity, duration, and impact of each traumatic event. Reliability was variable, but was highest for items that described specific events as compared to the measurement of impact, age, and severity. The *Retrospective Assessment of Traumatic Experiences* (Gallagher et al., 1992) assesses parental separation and loss as well as child abuse experiences. Desirable features of the RATE include the assessment of severity of trauma based on frequency, intensity, and duration, and the inclusion of items to measure extrafamilial abuse. The National Center for PTSD is developing an as-yet-unpublished interview that comprehensively assesses childhood trauma. The *Early Trauma Inventory,* developed by Dudley Blake, Julie Kriegler, Lisa Zaidi, Doug Bremner, and others, combines narrative and structured approaches to inquiring about childhood emotional, physical, and sexual abuse, as well as non-abusive traumas. Each subsection begins with open-ended questioning, and then asks in detail about traumatic events. Information is gathered about perpetrator, victim age, and frequency across three developmental periods. The respondent's appraisal of the impact of each type of trauma is assessed for both the time of occurrence and currently.

Adult physical and sexual assault. Generally, most instruments in this domain assume that assault victims are women. One of the first and most widely studied questionnaires assessing partner abuse is the *Conflict Tactics Scale* (Straus, 1979). Many variations on the CTS have attempted to address criticisms of the scale, including the *Abusive Behavior Inventory* (Shepard & Campbell, 1992), which has reasonable reliability and validity. Although similar to the CTS, the ABI incorporates dimensions such as physical injury, and also assesses psychological abuse or terrorism without physical force. Another questionnaire, the *Sexual Experiences Survey* (Koss & Gidycz, 1985), assesses general sexual experiences. The SES categorizes adult sexual aggression and sexual victimization in college samples and has good one week test-retest reliability. The *Wyatt Sex History Questionnaire* (Wyatt et al., 1992) is an interview on coercive and consensual sexual experiences; it provides a useful comparison of the effect of different formats on reporting of sexual information.

Torture. The *Harvard Trauma Questionnaire* (Mollica et al.,

1992) is a self-report scale that assesses a range of torture experiences as well as PTSD and other psychiatric symptoms. It is notable for its detailed coverage of the domain of torture, including an open-ended section where respondents describe their worst experiences. In addition to events they experienced, respondents also discuss torture events they witnessed or heard about. Overall reliability was reasonable, although there was an increase in reporting of some events in the second administration.

Comprehensive Measures. Currently, few published instruments exist that comprehensively assess trauma across the lifespan, and it is recognized that it may not be necessary or practical to always collect this extensive and comprehensive information. Nonetheless, the lack of instrumentation is unfortunate, as the importance of assessing the occurrence of multiple types of traumas across an individual's lifetime has been increasingly emphasized in the literature. Recent research suggests that the effect of traumatic exposure may be cumulative, that trauma survivors presenting for a recent trauma are likely to have a complex prior trauma history, and that prior trauma increases the impact of current trauma (Resnick et al., 1991). These findings highlight the significance of obtaining a lifetime history of all traumatic events.

The *Traumatic Stress Schedule* (Norris, 1990) is a brief screening interview that asks about a range of traumatic events, including several dimensions of each endorsed event. It is designed for use by lay interviewers and it appears to have good reliability. It is important to note, however, that each of eight classes of trauma are assessed by means of a single question, and thus many traumatic events may be missed. An unusually comprehensive structured interview is the *Potential Stressor Experiences Inventory* (Falsetti et al., 1994), one of the most recent instruments developed by Kilpatrick, Resnick, and colleagues. The PSEI measures lifetime exposure to a comprehensive range of trauma types and is characterized by attention both to clinical sensitivity and structured data collection. It is especially noteworthy for its use in the DSM-IV Field Trial Studies of PTSD. The PSEI assesses both low- and high-magnitude stressors, as well as objective and subjective dimensions of the first, most recent, and worst high-magnitude events. No psychometric data are available.

For the last few years, we have been working on the development of the *Evaluation of Lifetime Stressors* (ELS), a comprehensive questionnaire and interview protocol that assesses a broad range of trauma across the lifespan. We have attempted to incorporate reasonable solutions to some of the issues described above into the ELS. One goal was to design a clinically sensitive instrument that would optimize the reporting of traumatic experiences. The format of the ELS was designed to provide multiple and varied opportunities to report traumatic experience, and features: (a) an initial questionnaire with a follow-up interview; (b) both broad and more detailed questions; (c) varied response options that avoid the forced yes/no choice; (d) a roughly hierarchical arrangement, beginning with less emotionally evocative questions. Information regarding life threat, injury, emotional response, and frequency and duration is obtained for all reported experiences, and additional dimensions are obtained for the worst traumas. Trauma is defined in accord with the DSM-IV PTSD Criterion A format, although we have found it necessary to operationally define the DSM-IV definition. Events are categorized as subthreshold stressors, potentially traumatic events (meeting DSM-IV criterion A_1), or traumatic events (meeting both criterion A_1 and A_2). A full-scale psychometric study is currently underway and initial reliability data are promising. We are also attempting to study criterion-related validity, in part by seeking external corroboration of worst traumas.

Conclusions & Recommendations. Measures of traumatic stressors should be developed with careful consideration of the issues and recommendations recently articulated in the literature. Establishing standard definitions for different types of trauma and routinely assessing key dimensions common to all traumatic events should foster greater understanding of the impact of trauma and allow findings to be compared more readily across studies. Nonetheless, several of the existing focused trauma measures provide adequate coverage of their specific domain and have been used successfully in various clinical and research applications. Further, some of the recently developed instruments may prove to be quite useful once more research has been conducted with them.

Mounting empirical evidence suggests that assessing the full range of traumatic events across the lifespan is essential for the optimal prediction of the impact of trauma. In epidemiological research, this strategy could yield valuable information regarding the prevalence of different types of trauma and the role of multiple traumatic events as a risk factor for psychopathology and physical health problems. In case control research, it could help account for individual differences in response to trauma. Variables reflecting lifespan trauma might be utilized as blocking variables to create more homogeneous groups, or they might be employed as covariates or as variables in multiple regression analyses or structural equation models.

SELECTED ABSTRACTS

BERNSTEIN, D.P., FINK, L., HANDELSMAN, L., FOOTE, J., LOVEJOY, M., WENZEL, K., SAPARETO, E., & RUGGIERO, J. (1994). **Initial reliability and validity of a new retrospective measure of child abuse and neglect.** *American Journal of Psychiatry, 151,* 1132-1136. Objective: This report presents initial findings on the reliability and validity of a new retrospective measure of child abuse and neglect, the Childhood Trauma Questionnaire. Method: 286 drug- or alcohol-dependent patients were given the Childhood Trauma Questionnaire as part of a larger test battery, and 40 of these patients were given the questionnaire again after an interval of 2 to 6 months. 68 of the patients were also given a structured interview for child abuse and neglect, the Childhood Trauma Interview, that was developed by the authors. Results: Principal-components analysis of responses on the Childhood Trauma Questionnaire yielded four rotated orthogonal factors:

Physical and emotional abuse, emotional neglect, sexual abuse, and physical neglect. Cronbach's alpha for the factors ranged from 0.79 to 0.94, indicating high internal consistency. The Childhood Trauma Questionnaire also demonstrated good test-retest reliability over a 2- to 6-month interval (intraclass correlations = 0.88), as well as convergence with the Childhood Trauma Interview, indicating that patients' reports of child abuse and neglect based on the Childhood Trauma Questionnaire were highly stable, both over time and across types of instruments. Conclusions: These findings provide strong initial support for the reliability and validity of the Childhood Trauma Questionnaire.

COHEN, S., KESSLER, R.C., & GORDON, L.U. (1995). **Measuring stress: A guide for health and social scientists.** New York: Oxford University Press. The purpose of the volume is to serve as a resource for state-of-the-art assessment of stress in studies of physical and psychiatric illness in humans. The book includes discussions of how stress is conceptualized, the pathways through which stressors might influence the onset and progression of psychiatric and physical illness, the various methods of measuring stress, and how one decides on appropriate measurement. Each chapter provides a conceptual underpinning of the approach it addresses, discusses the important measures within the approach, the kinds of studies each is appropriate for, and the various costs and benefits of using each alternative measure. [Adapted from Text]

FALSETTI, S.A., RESNICK, H.S., KILPATRICK, D.G., & FREEDY, J.R. (1994). **A review of the "Potential Stressful Events Interview": A comprehensive assessment instrument of high and low magnitude stressors.** *The Behavior Therapist, 17,* 66-67. The Potential Stressful Events Interview (PSEI) was developed by Kilpatrick, Resnick, and Freedy for use in the DSM-IV PTSD Field Trial. The PSEI was originally designed to be administered by graduate students, psychology interns, masters-level therapists, psychiatrists, and Ph.D.-level psychologists. It is possible that with minimal training, other paraprofessionals may also use this instrument, however. The PSEI is a comprehensive interview with five main components. The first component includes ten questions regarding demographic characteristics. The second component is the assessment of low-magnitude stressors that occurred in the past year. The third section of the interview assesses for high-magnitude stressors. High-magnitude events are assessed for lifetime occurrence and are summarized chronologically. The fourth and fifth sections of the interview assess objective and subjective characteristics of the "first or only," "most recent," and "worst" high-magnitude events, as well as these characteristics for the "worst" low-magnitude event in the past year. The final section of the interview, subjective characteristics, is a self-report measure of emotional and physical responses that occurred at the time of each event. [Adapted from Text]

GALLAGHER, R.E., FLYE, B.L., HURT, S.W., STONE, M.H., & HULL, J.W. (1992). **Retrospective assessment of traumatic experiences (RATE).** *Journal of Personality Disorders, 6,* 99-108. Many patients with severe psychiatric disorders have suffered serious abuse and other traumata in their early lives. Documentation of the scope and nature of such associations, however, remains problematic and controversial. Our standardized rating instrument (the RATE) and methodology can serve as an effective and reliable way of assessing the type and degree of traumatic events in the early lives of test subjects; and secondarily, RATE confirms reports of high levels of such events in the histories of borderline patients.

GREEN, B.L. (1993). **Identifying survivors at risk: Trauma and stressors across events.** In J.P. Wilson & B. Raphael (Eds.), *International Handbook of Traumatic Stress Syndromes* (pp. 135-144). New York: Plenum Press. This chapter consists of five sections. In the first section, some background/historical information will be given with regard to early studies of stress, early conceptual schemes about stressors, and shifts in the types of events that have been studied. The second section covers current conceptualizations of stressors and trauma, including the DSM-III-R, types of events that are considered to constitute trauma, and conceptual problems with multiple and/or chronic traumatic exposure. The third section will suggest some generic dimensions of trauma and will review empirical findings from a variety of events that support these dimensions. Measurement problems in stressor research will be addressed in the fourth section. The final section will suggest future directions that might be fruitful to pursue with regard to questions about stressors.

KEANE, T. M., FAIRBANK, J. A., CADDELL, J.M., ZIMERING, R. T., TAYLOR, K. L., & MORA, C. A. (1989). **Clinical evaluation of a measure to assess combat exposure.** *Psychological Assessment, 1,* 53-55. The Combat Exposure Scale (CES) was constructed as an attempt to measure the subjective report of wartime stressors experienced by combatants. This sequence of three studies demonstrates that the CES possesses sound psychometric properties. These include internal stability and test-retest reliability. As predicted from other studies on this topic, those veterans with a diagnosis of PTSD reported higher amounts of combat exposure. The limitations of a purely retrospective measure of combat stressors are discussed.

KING, D.W., KING, L.A., GUDANOWSKI, D. M., & VREVEN, D.L. (1995). **Alternative representations of war zone stressors: Relationships to posttraumatic stress disorder in male and female Vietnam veterans.** *Journal of Abnormal Psychology, 104,* 184-196. Four conceptualizations of war zone stressor experiences were defined: Traditional combat, atrocities-abusive violence, perceived threat, and malevolent environment. Items from the National Vietnam Veterans Readjustment Study (NVVRS) were reviewed for content, and stressor indexes were created. Using retrospective self-report data from the NVVRS, intercorrelations among stressor scores and between these scores and measures of PTSD were computed for all veterans and for men and women separately. Structural equation modeling procedures followed. Results indicated that the four stressor indexes were internally consistent, reasonably distinct from one another, and influenced PTSD differentially. Men scored significantly higher than women on all 4 indexes. Whereas the pattern of relationships among the variables was comparable across genders, there was evidence that one path coefficient in the model differed from men and women.

KOSS, M.P. & GIDYCZ, C.A. (1985). **Sexual experiences survey: Reliability and validity.** *Journal of Consulting and Clinical Psychology, 53,* 422-423. Many rape studies use judicial records or crisis center files to recruit research participants. Recent studies, however, have suggested that reported rape rates greatly underestimate the number of rapes that occur each year, that the conviction rate for rape is low, and that few victims utilize rape crisis centers. The Sexual Experiences Survey, a self-report instrument designed to identify hidden rape victims and undetected offenders among a normal population, is an alternate approach to sample selection. In the present study, reliability and validity data for the Sexual Experiences Survey are described.

KULKA, R.A., SCHLENGER, W.E., FAIRBANK, J.A., HOUGH, R.L., JORDAN, B.K., MARMAR, C.R., & WEISS, D.S. (1990). **Trauma and the Vietnam War generation: Report of findings from the National Vietnam Veterans Readjustment Study.** New York: Brunner/Mazel. Abstracted in *PTSD Research Quarterly, 1(3),* 1990.

MARCH, J.S. (1993). **What constitutes a stressor? The "criterion A" issue.** In J.R.T. Davidson & E.B. Foa (Eds.), *Posttraumatic stress disorder: DSM-IV and beyond* (pp. 37-54). Washington, DC: American Psychiatric Press. In deciding whether or not an event is traumatic, several factors need to be considered; these include the importance of stressor intensity and duration, and whether physical injury, loss, death, or exposure to the grotesque took place. The relation between PTSD symptoms and stressor magnitude or unusualness is described. Subjective response to the event is considered, including perceived life threat, potential for physical violence, fear, and helplessness. Finally, the author reviews conceptual issues and breadth of definition and suggests a definition for a traumatic stress.

MOLLICA, R.F., CASPI-YAVIN, Y., BOLLINI, P., TRUONG, T., TOR, S., & LAVELLE, J. (1992). **The Harvard Trauma Questionnaire: Validating a cross-cultural instrument for measuring torture, trauma, and posttraumatic stress disorder in Indochinese refugees.** *Journal of Nervous and Mental Disease, 180,* 111-116. Abstracted in *PTSD Research Quarterly, 3(2),* 1992.

NORRIS, F. H. (1990). **Screening for traumatic stress: A scale for use in the general population.** *Journal of Applied Social Psychology, 20,* 1704-1718. A short screening instrument for detecting the occurrence and impact of traumatic events is presented. It is proposed that a relevant event population for assessing exposure to traumatic events comprises "violent encounters with nature, technology, or humankind" and that loss, scope, threat, blame, familiarity, and post-traumatic stress are the dimensions of the experience that are most critical to assess. It is estimated that 8 percent of the U.S. adult population will experience one or more of the selected events within a year's time. Potential uses and contributions of the instrument are discussed.

OGATA, S.N., SILK, K.R., GOODRICH, S., LOHR, N.E., WESTEN, D., & HILL, E.M. (1990). **Childhood sexual and physical abuse in adult patients with borderline personality disorder.** *American Journal of Psychiatry, 147,* 1008-1013. Experiences of abuse and neglect were assessed in 24 adults diagnosed as having borderline personality disorder according to the Diagnostic Interview for Borderline Patients and in 18 depressed control subjects without borderline disorder. Significantly more of the borderline patients than depressed patients reported childhood sexual abuse, abuse by more than one person, and both sexual and physical abuse. There were no between-group differences for rates of neglect or physical abuse without sexual abuse. A stepwise logistic regression revealed that derealization, diagnostic group, and chronic dysphoria were the best predictors of childhood sexual abuse in this group of patients.

RESNICK, H.S., FALSETTI, S.A., KILPATRICK, D. G., & FREEDY, J.R. (in press). **Assessment of rape and other civilian trauma-related post-traumatic stress disorder: Emphasis on assessment of potentially traumatic events.** In T.W. Miller (Ed.), *Stressful life events.* Madison, CT: International Universities Press. The goal of this chapter is to focus primarily on issues related to assessment of potential traumatic stressor events, and to provide information about existing and newly developed instruments to assess history of civilian trauma as distinct from PTSD symptom assessment. In addition to provision of data related to psychometric properties of instruments, these measures will be described in reference to several qualitative characteristics described below that may be important to consider when choosing a particular instrument. In cases in which specific stressor event interviews have been paired with specific PTSD interview or self-report measures, the symptom assessment instrument will also be described briefly. Following the review of stressor event measurement we briefly describe a newly developed PTSD self-report measure. [Adapted from Text]

SANDERS, B. & BECKER-LAUSEN, E. (1995). **The measurement of psychological maltreatment: Early data on the Child Abuse and Trauma Scale.** *Child Abuse & Neglect, 19,* 315-323. This paper describes a self-report measure, the Child Abuse and Trauma Scale, which yields a quantitative index of the frequency and extent of various types of negative experiences in childhood and adolescence. Data on this measure are presented for two large samples of college students and for a small clinical sample of subjects with a diagnosis of multiple personality disorder. The strong internal consistency and test-retest reliability of the scale in the college population is documented, and its validity is attested to by demonstrating that it correlates significantly with outcomes such as dissociation, depression, difficulties in interpersonal relationships, and victimization, all of which have previously been associated with childhood trauma or abuse. The extremely high scores of the multiple personality subjects confer additional validity to the measure. The authors suggest that the construct of psychological maltreatment underlies the destructive elements of numerous forms of abuse and neglect, and that the scale they have developed may provide a useful index of this construct.

SHEPARD, M.F. & CAMPBELL, J.A. (1992). **The Abusive Behavior Inventory: A measure of psychological and physical abuse.** *Journal of Interpersonal Violence, 7,* 291-305. Researchers have identified the need to develop instruments to measure domestic violence that include both physical and psychological abuse. Drawing from feminist theory, the Abusive Behavior Inventory (ABI) was developed to address a range of abusive behaviors. A validation study included a sample of 100 men and 78 women divided into groups of abusers/abused and nonabusers/nonabused. The study included the evaluation of three types of validity: Criterion related, construct, and factorial. Significant differences in scores on the ABI were found between the abuser and nonabuser groups. These differences provide evidence to support the scale's validity in each of these areas.

STRAUS, M. (1979). **Measuring intrafamily conflict and violence: The Conflict Tactics (CT) Scales.** *Journal of Marriage and the Family, 41,* 75-88. Development of research on intrafamily conflict and violence requires both conceptual clarity and measures of the concepts. The introduction to this paper therefore seeks to clarify and distinguish the concepts of "conflict," "conflict of interest," "hostility," and "violence." The main part of the paper describes the Conflict Tactics (CT) Scales. The CT Scales are designed to measure the use of Reasoning, Verbal Aggression, and Violence within the family. Information is presented on the following aspects of this instrument: theoretical rational, acceptability to respondents, scoring, factor structure, reliability, validity, and norms for a nationally representative sample of 2,143 couples.

SUTKER, P.B., UDDO-CRANE, M., & ALLAIN, A.N. (1991). **Clinical and research assessment of posttraumatic stress disor-**

der: A conceptual overview. *Psychological Assessment, 3,* 520-530. Abstracted in *PTSD Research Quarterly, 3(4),* 1992.

WATSON, C.G., JUBA, M.P., & ANDERSON, P.E.D. (1989). **Validities of five combat scales.** *Psychological Assessment, 1,* 98-102. Abstracted in *PTSD Research Quarterly, 3(4),* 1992.

WOLFE, J., BROWN, P.J., FUREY, J., & LEVIN, K.B. (1993). **Development of a wartime stressor scale for women.** *Psychological Assessment, 5,* 330-335. Abstracted in *PTSD Research Quarterly, 4(1),* 1993.

WYATT, G.E., LAWRENCE, J., VODOUNON, A., & MICKEY, M.R. (1992). **The Wyatt Sex History Questionnaire: A structured interview for female sexual history taking.** *Journal of Child Sexual Abuse, 1(4),* 51-68. The complexities of developing appropriate formats for obtaining sexual histories that include women's consensual and coercive sexual experiences are discussed in this paper. The Wyatt Sex History Questionnaire (WSHQ), used with a multi-ethnic sample of women, is described to obtain incidents of non-consensual sexual abuse. The advantages of using a face-to-face format to obtain incidents of child sexual victimization are highlighted. In order to assess a range of effects of women's consensual sexual functioning, items on the WSHQ, administered in telephone and face-to-face interviews, through self report measures and indirect questioning using randomized responses, were compared for their effectiveness in obtaining consensual sexual experiences. The advantages of using face-to-face interview techniques with multi-ethnic community samples to assess the affects of non-consensual sexual experiences in childhood on women's consensual sexual practices is discussed.

ADDITIONAL CITATIONS
Annotated by the Editors

BERGER, A.M., KNUTSON, J.F., MEHM, J.G., & PERKINS, K.A. (1988). **The self-report of punitive childhood experiences of young adults and adolescents.** *Child Abuse & Neglect, 12,* 251-262.
Developed a questionnaire to assess childhood disciplinary experiences in adults. The questionnaire has 164 true-false items and 15 subscales. Psychometric information based on a nonclinical sample of college students is provided. One interesting finding is that 2.9% of the sample reported being physically abused but 6.0 reported that their siblings were abused.

BRIERE, J.N. (1992). **Child abuse trauma: Theory and treatment of the lasting effects.** Newbury Park, CA: Sage Publications.
Presents the Child Maltreatment Interview Schedule, a comprehensive interview that includes sections on parental physical availability, parental disorder, parental psychological availability, psychological abuse, physical abuse, emotional abuse, sexual abuse, ritualistic abuse, and perceptions of abuse status. No psychometric information is reported.

BROMET, E.J. (1990). **Methodological issues in the assessment of traumatic events.** *Journal of Applied Social Psychology, 20,* 1719-1724.
Describes three challenges in the assessment of traumatic events: identifying the events triggered by a traumatic event so as to further the understanding of how particular experiences relate to outcome; determining type and amount of traumatic exposure; and understanding the social and environmental context of the traumatic experience. The author recommends a semi-structured approach to assessment.

COURTOIS, C.A. (1988). **Healing the incest wound: Adult survivors in therapy.** New York: Norton.
Presents the Incest History Questionnaire, which consists of five sections: Family Description, Pre-Incest Self-Description, Description of the Incest, Initial Aftereffects Rating Scale, and Long-Term Aftereffects Rating Scale. No psychometric information is reported. The book discusses issues in the assessment of incest.

HERMAN, J.L., PERRY, J.C., & VAN DER KOLK, B.A. (1989). **Childhood trauma in borderline personality disorder.** *American Journal of Psychiatry, 146,* 490-495.
Used a 100-item semi-structured interview, referenced as unpublished, to assess childhood histories in 55 subjects with Borderline Personality Disorder. The interview includes important relationships in childhood and adolescence, major separations, moves and losses, sibling and peer relationships, family discipline and conflict resolution, family alcoholism, domestic violence, and physical and sexual abuse. No psychometric information is reported.

PEARLMAN, L.A. & MCCANN, I.L. (1994). **Integrating structured and unstructured approaches to taking a trauma history.** In M.B. Williams & J.F. Sommer (Eds.), *Handbook of post-traumatic therapy* (pp. 38-48). Westport, CT: Greenwood Press.
Discusses the implications of combining structured and unstructured approaches to trauma assessment, focusing on the assessment of individuals who have fragmented, incomprehensible, or repressed memories. Trauma assessment is presented as an integrated part of the therapy process. The recommended approach differs from traditional chronological history-taking by incorporating the survivor's need to control the pacing of when traumatic events are revealed.

RESNICK, H.S., KILPATRICK, D.G., & LIPOVSKY, J.A. (1991). **Assessment of rape-related posttraumatic stress disorder: Stressor and symptom dimensions.** *Psychological Assessment, 3,* 561-572. Abstracted in *PTSD Research Quarterly, 3(4),* 1992.

RUSSELL, D.E.H. (1986). **The secret trauma: Incest in the lives of girls and women.** New York: Basic Books.
Conducted sexual trauma interviews with a randomly selected community sample of 930 women. The book lists questions used to assess childhood and adulthood rape, sexual assault, and attempted rape / assault. No psychometric information is reported.

WYSHAK, G. (1994). **The relation between change in reports of traumatic events and symptoms of psychiatric distress.** *General Hospital Psychiatry, 16,* 290-297.
Assessed traumatic events in 30 Southeast Asian refugees by administering the Harvard Trauma Questionnaire twice, one week apart. The author reports a median correlation of .62 in reports of event occurrence. Kappas for specific events ranged from a low of .20 for ill health to .85 for death of a family member.

PILOTS UPDATE

We were gratified to receive two favorable reviews of the PILOTS database in the July 1995 issue of the *Journal of Traumatic Stress*. Edward S. Kubany, a psychologist, compared PILOTS to PsycLIT (*JTS* 8: 491-494), and Jane L. Banks, a medical librarian, compared it to MEDLINE (*JTS* 8: 495-497).

One of the points made by Kubany is that neither of the databases he examined "was consistently superior to the other in terms of articles located." Each database has its strengths and its weaknesses.

Both PsycLIT and MEDLINE are selective in their coverage, indexing only those journals whose editorial quality and significance to their disciplines meet the standards set by their selection authorities. Inclusion in either of these databases is an honor coveted by editors and publishers. It has practical economic consequences, for librarians take indexing coverage into consideration when choosing journals to subscribe to—or to discontinue. Newly established journals often have to prove themselves before being chosen for indexing. For example, MEDLINE did not start indexing the *Journal of Traumatic Stress* until 1994.

The PILOTS database does not use quality criteria in choosing what it indexes. Instead our goal is to include all publications on traumatic stress, regardless of origin. This is an ambitious undertaking, and one whose success is nearly impossible to measure. The editors of PsycLIT and MEDLINE can easily tell how completely they have fulfilled their indexing goals: all they need to do is to compare their list of journals indexed with the content of their database. But our task is less clearly defined.

For one thing, there is a substantial body of disagreement as to the nosology of traumatic stress. Both the definition of PTSD contained in DSM-IV and the classification of PTSD as an anxiety disorder have stirred much controversy. And over the years there has been enough literature questioning the whole concept of PTSD for the PILOTS Thesaurus to require the descriptor "Diagnostic Validity."

The terminology of traumatic stress is not as straightforward as a bibliographer might wish. "Post-traumatic stress disorder" has largely displaced "traumatic neurosis" among English-speaking psychiatrists and psychologists; but lawyers still like to write about "rape trauma syndrome" and emergency personnel speak of "critical incident stress." Even MEDLINE still includes "Combat Disorders" in its list of *Medical Subject Headings*, applying that descriptor to hundreds of papers that many searchers would seek under the MeSH term "Stress Disorders, Post-Traumatic."

Most challenging of all is the fact that the study of traumatic stress is truly an interdisciplinary field. One naturally expects to find relevant papers in the psychiatric and psychological literature; and it is hardly surprising to find them in nursing, social work, and law journals. But a report on the consequences of the Armenian earthquake is as likely to appear in the *Armenian Review* as in the *Journal of Traumatic Stress*. And the eclectic nature of traumatic stress studies is such that both those papers are likely to be of interest to potential PILOTS users.

So how can we tell whether the PILOTS database includes every publication that should be indexed? The simple answer is that we cannot; in fact, we can be sure that there will always be relevant, useful material in some source that we have not yet examined. We can—and do—establish priorities to ensure that the most likely journals and books are examined on a regular and timely basis. But we will always need to rely upon searches of other bibliographies, unsolicited contributions from authors and colleagues, and plain serendipity to identify the more exotic contributions to the traumatic stress literature. And, despite everything, the very nature of the PILOTS database ensures that we will never be certain that our coverage is complete.

This does not mean that the PILOTS database is inferior to databases whose coverage is more strictly defined. It does mean that an informed choice among bibliographical resources must take their coverage policies into account.

Clinicians and researchers who wish to confine their reading to papers within the mainstream of a particular discipline will probably want to use PsycLIT or MEDLINE (or their equivalents in law, nursing, social work, and other disciplines) as their primary database for finding publications on traumatic stress. Those who prefer to cast a wider net may find PILOTS the most convenient starting-point for their literature searches. And those who need to retrieve as complete a collection of relevant papers as possible—whether motivated by forensic considerations or the strictures of a dissertation committee—will not confine their search to any single database.

When planning a literature search or evaluating its results, it is important to understand the scope and limitations of the bibliographical tools being used. Psychological assessment instruments or biological diagnostic tests give useful results only when administered in accordance with carefully established procedures. Similarly, printed bibliographies or computerized databases must be selected carefully and used properly. A thorough perusal of their user manuals and thesauri—or at least a conference with a librarian or other expert user—should precede any attempt to search PsycLIT or MEDLINE. And a session with the *PILOTS Database User's Guide* should be the prerequisite to any serious use of our database.

Document Delivery Service?

As part of our exploration of ways to make the traumatic stress literature more accessible to PILOTS users, we shall be commissioning a study to determine the market for a document delivery service. This will be carried out by a team of marketing students from the Tuck School of Business at Dartmouth College. Many readers of the *PTSD Research Quarterly* will receive questionnaires. We solicit your cooperation; we shall value your input. A similar study conducted five years ago helped to shape the direction of the PILOTS database. We hope that this survey will be as useful in helping us to better serve the needs of the traumatic stress community.

PILOTS Database User's Group Meeting

We would like to invite everyone who has used the PILOTS database, and anyone who would like to learn more about it, to the first annual PILOTS Database User's Group Meeting. It will be held at the 10th Annual Meeting of the International Society for Traumatic Stress Studies in Boston, from 3:00 to 4:30 on the afternoon of Sunday, November 5. At this informal session you will be able to meet the producers of the PILOTS database, learn about plans for expanding and improving its coverage, and ask questions and offer suggestions. We hope to see you there!

ONLINE ACCESS TO THE *PTSD RESEARCH QUARTERLY*

All back issues of the *PTSD Research Quarterly* are available in electronic form free of charge on the Internet, from the PTSD directory on the Dartmouth College public file server. To obtain any or all of these issues, do one of the following:

- ftp to ftp.dartmouth.edu and go to directory pub/ptsd
- point your gopher server to gopher.dartmouth.edu and look under "Research Resources/Biological Sciences"
- on the World Wide Web, go from Dennis Grant's Traumatic Stress Home Page (http://www.long-beach.va.gov/ptsd/stress.html) to "PTSD Research Quarterly"

It is advisable to read the "README" file before downloading.

Volume 1(1), Spring 1990: THE EDITORS, *1989: The Year's Work in PTSD*

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Volume 1(3), Fall 1990: KEANE, T., *The Epidemiology of PTSD: Some Comments and Concerns*

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Volume 2(3), Summer 1991: WEISÆTH, L. & EITINGER, L., *Research on PTSD and Other Post-Traumatic Reactions: European Literature (Part II)*

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Volume 3(1), Winter 1992: SOLOMON, S.D. & GREEN, B.L., *Mental Health Effects of Natural and Human-Made Disasters*

Volume 3(2), Spring 1992: MARSELLA, A.J., FRIEDMAN, M.J. & SPAIN, E.H., *A Selective Review of the Literature on Ethnocultural Aspects of PTSD*

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Volume 5(4), Fall 1994: KRYSTAL, H. & DANIELI, Y., *Holocaust Survivor Studies in the Context of PTSD;* YEHUDA, R. & GILLER, E.L. *Comments on the Lack of Integration Between the Holocaust and PTSD Literatures*

Volume 6(1), Winter 1995: LINDSAY, D.S. & READ, J.D., *Memory, Remembering, and Misremembering*

Volume 6(2), Spring 1995: MCNALLY, R.J., *Cognitive Processing of Trauma-Relevant Information in PTSD;* MURTAUGH, T.L. *Completion of NVVRS Database*

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